

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
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49					
50	/				
<b>TOTAL IND.</b>					
<b>TOTAL DEP.</b>					
<b>TOTAL CLAIMS</b>					

SERIAL NO.		FILING DATE				
D9535096						
APPLICANT(S)						
CLAIMS						
1	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
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99						
100						
<b>TOTAL IND.</b>				8		
<b>TOTAL DEP.</b>				6		
<b>TOTAL CLAIMS</b>				59		

PTO-1380 (3-76)

•MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
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